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| <b>Case Number:</b>   | CM15-0184305 |                              |            |
| <b>Date Assigned:</b> | 09/24/2015   | <b>Date of Injury:</b>       | 02/07/2003 |
| <b>Decision Date:</b> | 11/03/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old female sustained an industrial injury on 2-7-03. Documentation indicated that the injured worker was receiving treatment for cervical post laminectomy syndrome with spondylosis and radiculitis and fibromyalgia. Previous treatment included cervical fusion (2013), physical therapy, injections, rhizotomy, psychiatric care, transcutaneous electrical nerve stimulator unit and medications. The injured worker underwent left cervical facet rhizotomies on 6-2-15. In a psychiatric qualified medical evaluation dated 5-1-15, the physician noted that the injured worker had monthly psychiatric visits for panic attacks and anxiety. The injured worker was prescribed Xanax and Depakote. The injured worker stated that she did not sleep if she did not take Xanax. The injured worker was diagnosed with somatic symptom disorder with predominant pain, persistent, severe, pain disorder associated with both psychological factors and a medical condition, chronic posttraumatic stress disorder, sleep disorder, adjustment disorder with depressed mood and chronic pain. The physician recommended trials of medications found beneficial in chronic pain and related psychiatric symptoms. The physician stated that the injured worker's permanent psychiatric disabilities did not preclude her from returning to work. In PR-2's dated 5-19-15, 7-17-15 and 8-18-15, the injured worker complained of pain 4-5 out of 10 on the visual analog scale. The injured worker was described as alert, cooperative, well groomed and well nourished. On 8-14-15, a request for authorization was submitted for six sessions of psychotherapy with patient or family member. On 8-19-15, Utilization Review noncertified a request for psychology, six sessions, (psychotherapy 60 minutes with patient and or family member).

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Psychology 6 sessions (psychotherapy, 60 minutes with patient and/or family member):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): Behavioral interventions.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] for an unknown number of sessions. In the most recent progress note, dated 8/3/15, [REDACTED] fails to report the number of completed sessions to date as well as the progress that has been made as a result of those sessions. She does however recommend additional treatment for which the request under review is based. Unfortunately, without more sufficient information regarding prior treatments as well as an appropriate rationale for further treatment, the need for additional services cannot be fully determined. As a result, the request for an additional 6 psychotherapy sessions is not medically necessary.